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AIR RAID PLAN

ASSIGNMENT OF PERSONNEL

BUILDING WARDEN _____ RM: _____ EXT: _____

ASSISTANT BUILDING WARDEN _____ RM: _____ EXT: _____

ASSISTANT BUILDING WARDEN _____ RM: _____ EXT: _____

(Designate Location of Control Station or Building Warden Headquarters.)

FLOOR OR AREA WARDENS: _____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

(Designate Floor or Area)

SHELTER WARDENS: _____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

(Shelter No. I) _____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

(Shelter No. II) _____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

FIRST AID TEAMS: _____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

_____ RM: _____ EXT: _____

(Designate Location of First Aid Station)

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FIRE FIGHTING TEAMS: _____ RM: _____ EXT: _____
_____ RM: _____ EXT: _____
_____ RM: _____ EXT: _____
_____ RM: _____ EXT: _____
_____ RM: _____ EXT: _____
_____ RM: _____ EXT: _____
MESSENGERS: _____ RM: _____ EXT: _____

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